

Davos Data and The World Economic Forum

David B. Nash, MD, MBA



Most of our readers are probably familiar with the annual migration to Davos, Switzerland, for the meeting of the World Economic Forum. This gathering makes front-page headlines across the globe as the elite meet to tackle critical international issues. The Forum's fifth annual report, entitled *Global Risks 2010*, is the focus of this column.¹

The report seeks to provide leaders in politics and business with a framework to discuss a risk landscape that has grown ever more complex. The report urges readers to consider the longer-term, global implication of risks in areas beyond their immediate focus and emphasizes that these risks must be addressed collectively so that opportunities can be found in the midst of their complexity.¹

What intrigued me about the 2010 report was the recognition that chronic diseases and their impact on both advanced economies and developing countries constitute a critical global risk. This is only the second time that the Forum has recognized chronic disease in such a high-profile fashion. The incidence of cancer, diabetes, cardiovascular disease, and chronic respiratory disease has been increasing because of profound socio-demographic transitions among large parts of the world's population and because of changes in people's physical and dietary habits. These illnesses are sometimes also referred to as noninfectious diseases or even as "silent" epidemics.

According to the report, the cost of treating chronic disease has risen throughout the world, as have associated morbidity and mortality rates, an increase that has been driven by demographic changes and dietary shifts. Of 35 million people who died of a chronic disease in 2005, 50% were younger than 70 years of age and 50% were women.

This is an important statistic, because when people in the workforce die as a result of a chronic disease, a loss in productivity is created. Over the next

decade, according to the report, chronic diseases will increase by 27% in Africa, by 25% in the Middle East, and by 21% in Asia and the Pacific regions (i.e., accounting for 75% of all deaths globally).

From the Forum's perspective, by the year 2015, this large decrease in productivity will result in loss of income, a figure that could rise to as much as \$558 billion in total costs in China, \$237 billion in India, \$303 billion in Russia, and \$33 billion in the United Kingdom. These monetary and productivity losses associated with diseases through disability, unplanned absences, and increased accidents are equal to almost 400% more than the cost of treatment.

Workable solutions do exist to prevent 40% to 50% of chronic diseases and their negative effect on business and the economy at large in both developed and developing countries. The Forum believes that new models of health financing are called for—models that would mix both public and individual contributions and models that need new incentives for a greater emphasis on disease prevention.

Members of the Forum believe that "the democratization of health information growth in self-care technology, the increased level of social interaction through social media, and the liberation of the Web through mobile platforms are shifting worldwide attitudes and can support person-centered health." Readers of *P&T* are certainly familiar with these themes, but I have never seen a report calling global attention from a risk perspective to the projected increase in chronic disease worldwide!

What are some of the Forum's recommended solutions?

Although there are no easy answers, one suggested measure is greater global support for international governance, with partnerships representing all relevant multilateral and bilateral agencies.

Countries should mount a serious public policy in response to the threat of chronic disease.

Measures should be instituted to sup-

port the control of tobacco and alcohol use and to provide strong incentives for producing and facilitating access to healthful foods.

Stimuli and incentives for private and public employers should be implemented to emphasize health in the workplace.

Finally, a health and well-being "footprint" should be created, as a sort of global yardstick, to indicate the progress in health improvement that governments, public and private producers, service providers, and individuals can achieve.

Chronic illness is indeed a threat to global development and peace. The World Economic Forum appears to recognize that the only path to improved health is through disease prevention. It is disturbing that we continue to focus on the technological aspects of health care in the U.S., whereas many global leaders are recognizing a more appropriate pathway.

What is your P&T committee doing to promote disease prevention? How can we reduce our rates of employee absenteeism and improve productivity?

As always, I'm interested in your views. My e-mail address is david.nash@jefferson.edu. Please visit my blog at <http://nashhealthpolicy.blogspot.com>.

REFERENCE

1. World Economic Forum. *Global Risks 2010, a Global Risk Network Report*. Geneva: January 14, 2010. Available at: www.weforum.org/pdf/globalrisk/globalrisks2010.pdf. Accessed August 30, 2010. ■